

Mattison. (J.B.)

AVENA SATIVA,

INDEX
IN THE TREATMENT OF
MEDICUS

OPIMUM ADDICTION.

A Therapeutical Fraud, a Delusion
and a Snare.

BY

J. B. MATTISON, M. D.,

BROOKLYN,

N. Y.



REPRINT:

Medical Bulletin, October, 1885.



AVENA SATIVA IN THE TREATMENT OF OPIUM ADDICTION.

A THERAPEUTICAL FRAUD, A DELUSION AND A SNARE.

BY

J. B. MATTISON, M. D.

BROOKLYN,

N. Y.

AT the annual meeting of the New York State Medical Society, in February, 1882, Dr. Sell, of New York City, presented a paper on the treatment of opium addiction by a tincture prepared from oats, asserting it "the very best remedy in the distressful, and, in many cases, hopeless malady of the opium or morphine habit," and expressing his belief that "he had not lived in vain were he to have accomplished nothing else in life than to have discovered that the *avena sativa* is a cure for the opium habit."

As was to be expected, a claim so remarkable, made under the auspices of such an organization, attracted attention, and when was added to this the business enterprise of the drug-firm manufacturing the article in question, who, by an extensive distribution of reprints of the paper mentioned, doubtless secured for it the notice of many physicians, we shall at once appreciate the importance of evidence that will tend to confirm or refute the claim presented.

Dr. Sell's paper has been repeatedly criticised, professionally, for the loose manner in which his cases were observed and recorded. Four were cited. In the first,

it is admitted "the patient was not cured." As to the second, evidence from a reliable medical gentleman was not lacking that, despite the patient's denial, the opiate was continued in a different form. In another, the attending physician, after a recital of the varied and futile efforts of his patient to obtain relief at the hands of several charlatans, wrote that, despite the use of the avena, "he has paroxysms of weakness, which he himself expresses as an entire goneness, and an unearthly feeling and restlessness at night. *At such times he resorts to morphine.*" (Italics ours.) "If you could suggest anything to aid in overcoming them the victory would be ours. Should we succeed, it will be the greatest victory yet obtained." Not the slightest evidence is afterward offered that the "greatest victory" was ever secured! On the contrary, the medical attendant in this case wrote to us as follows: "The person to whom you refer, and of whom Dr. Sell spoke in his pamphlet, started on a visit just as his case was making every indication of yielding to the treatment he was receiving at my hands." The "indications" referred to consisted simply in the morphia reduction, after a time not stated, to one-quarter his original daily taking! And this result—which is not uncommon from simple, gradual decreasing, apart from any medication—was not due to avena alone, for the Doctor expressly states, "I used the avena and coca alternately. Gave the avena through the day and coca at night. Sometimes I combined the two." "I gave of the avena from one-half to an ounce at a dose, and about the same of coca. The *coca*—fld. ext.—appeared to overcome the great prostration and lassitude of which he complained when not taking it."

In the fourth, of which the details as to treatment are very meagre, it was asserted that the patient, who had used morphia for twenty years, reaching 32 grains per

diem, was treated with the avena, and had used no morphine since she began the tincture, "except for the first *two weeks*, when she occasionally took small amounts to relieve *extreme distress*."

The patient's condition during "those two weeks" is left to conjecture. Is it not likely that they were painfully eventful weeks to her—as to another patient, whose case will be cited later—for the words "extreme distress," and the repeated need of morphia, are very significant, and probably are the essence of what was the *true* cause of success; that is to say, it was, practically, a case of *abrupt opiate withdrawal*, uninfluenced by avena; hence the "extreme distress," to relieve which morphia was repeatedly taken.

Now, it must be conceded, we think, that these cases present very slender support on which to rest one's claim to posthumous fame. He must be a modest man, indeed, who is willing to have his name go down to posterity as a public benefactor—one who "has not lived in vain"—with no stronger proof of his alleged benefactions than the history of these cases afford! The first was an admitted failure; the success of the second was disputed; the hoped-for result of the third was never reached; and the fourth gave striking evidence of being a case in which the good result was secured by *enforced abstention*, giving rise to *intense reflex irritation, continuing a fortnight*, and, despite avena, requiring repeated doses of morphia! Of what scientific value are they? And what a *palpable absurdity* to vaunt the virtue of *any* remedy on such evidence as this!

So much for the supposed direct testimony to the value of avena. Now for evidence of a somewhat different order, though quite as direct.

Subsequent to the reading of the paper containing these cases, Dr. Sell wrote more at length on avena,

which, with the original article, appeared in the reprint to which we have alluded. This addition, while lauding *sativa* in the treatment of various disorders, presented copies of letters from a number of physicians commending it, and, among them, several who claimed to have used it with success in the treatment of opium addiction. To each of the latter we sent a request for information in detail, and inclosed the following queries as to the habitués treated by *avena*.

Sex?

Age?

Cause of addiction?

Form of addiction?

Duration of addiction?

Amount per diem?

Dose of *avena*?

How often daily?

How long continued?

Was *avena* only used?

If other remedies, what?

Was opiate suddenly or gradually abandoned?

If gradual, how long in withdrawing?

What proof was given of *entire* opium quitting?

Was any examination of urine made to determine absence of morphia?

From all these replies were received, and we invite attention to the contrast between the original letters—in reprint—and those in answer to us.

Dr. A. wrote: "I am giving the conc. tinct. *avena sativa* for the morphia habit, and I find it will cure, I believe, *all cases, no matter how long they have been the slave of this opium monster*. I think this is the greatest discovery of our age."

His reply to our request, was: "I felt sure of *avena* being the long looked-for cure for the opium habit, but

find that all the cases that I treated have used opium, in some form, all the time I was treating them, and positively declared that they were cured and discharged as sound. All is failure with me so far."

Dr. B.: "The conc. tinct. avena sativa worked to a charm in the morphia habit. Having tried cannabis indica, Jamaica dogwood, coca, etc., in this case, I am so well satisfied with the avena that I intend, to try it next time I have a case of the kind."

In answer to us, he said: "In reply to yours of 26th inst., would say that no categorical reply is necessary. I sent for a bottle of avena, and thought my patient was receiving great benefit from it. In ordering the second bottle I used the words which B. K. & Co. quote. I had no idea that my words would be so used, and am sorry, as the avena, aside from being a pleasant stimulant and slightly nervine, is, I think, nearly inert. Now, I am stating the whole thing freely for *your* benefit. *Verbum sap!*"

Dr. C.: "I have been experimenting with the conc. tinct. avena sativa with favorable effects in the opium habit."

To us he wrote: "In my first attempt I was quite sanguine that the avena alone was to become a most valuable remedy,—almost equal to what has been claimed for it. To my great regret I soon found my cherished hopes unrealized; that my patients would not endure the suffering; therefore, they had stealthily again returned to their old friend (?) for relief."

Dr. D.: "I am also using it, avena, in a case addicted to the use of opium, and find that it enables the patient to do with half the quantity of the opium that he used before."

Answering us, he said: "As you will see by referring to the questions propounded to me, the answers are not

very satisfactory. The patient did not use the avena more than a month, and did not stop the use of opium at all. I do not believe it would support the nervous system, and prevent that terrible aching and nervous prostration caused by the entire abstinence from opium."

Dr. E. : "I have tried a small amount of the conc. tinct. avena sativa, and am more than pleased with it in the opium habit. A bad case of the opium habit is doing everything that could be expected."

In reply to our letter he mentioned *three* patients who had used avena, but *not one had quit opium!* "The severe pain called for some anodyne," and resort was again had to the opiate!

Dr. F. wrote: "The conc. tinct. avena sativa has been more successful in the treatment of the opium habit than anything I have ever tried, and I have tried various other remedies, amongst them the advertised nostrums." After repeated effort to elicit further information from Dr. F., he replied that the patient to whom he referred had recently died, but the *habitual opiate had not been abandoned!*

Here are eight cases advanced in support of avena, and yet, on thorough trial, *in every instance it proved a failure!*

But let us examine other cases. Dr. G. narrates this extraordinary instance: Patient had been a habitu  three years, taking from 15 to 30 grains of morphia, by the mouth, daily. The narrator says: "I obtained the avena and prescribed it in 15-drop doses whenever he felt the need of morphine, which was four times a day, and for two nights I gave him about a one-fourth grain of morphia, when he said he could do without it. Thus he left off taking morphine, and he has never taken another dose of it. The first night without morphine he slept reasonably well, and each succeeding night better,

until five nights, when he slept well. All this time he rested very well," etc.

Now this is a most astounding statement. That any one taking 15 to 30 grains of morphia, daily for three years, should quit all at once,—for, practically, this is what is claimed, inasmuch as only two one-quarter-grain doses, twenty-four hours apart, were given,—sleep well every night, have no reflex disturbance, "all the time resting very well," is quite beyond our credence. Personal experience, covering many cases, has never afforded a like instance, nor has our reading ever furnished one. This stands unique and alone, an unparalleled case, or a great deception.

Dr. H. was the attending physician of Miss——, who asserted that she used opium twenty years and was cured by avena. In response to our request, he courteously gave us details of her case. The dose of avena was "from 15 to 25 drops three or four times a day." It was continued "in all seven months."

"Was avena only used?" "No; other remedies. For first two or three weeks occasionally gave some nervine, as potass. brom., valerian, castor, etc. At bed-time, on the fourth or fifth day, gave 15 grains chloral with brom. potass. Used tonics and stimulants, iron, quinine, carbonate ammonia, and brandy. After diarrhœa ceased did not use brandy, but gave tonics in some form for two months." We shall again refer to this somewhat remarkable therapeutical exhibit.

The Doctor further wrote: "I saw her several times a day. For a long time it was a *desperate fight*. She had several attacks of diarrhœa; also, two or three severe attacks of pain in the bowels; at those times I gave a small amount of opium with other remedies."

Desiring further testimony, the writer not long since addressed Dr. Sell, requesting the names of those who had

used oats in this disorder, and received a list, all of which with one exception, to which we shall refer, were in the reprint mentioned, consequently we gained little additional information. Having his assurance that "should the above number not suffice for your purpose, more can be furnished," we again wrote him to which he replied, but failed to mention any other, and referred us to the manufacturers. To them we wrote and received a printed slip, having an added testimonial, of which more later.

Dr. H., the additional party named by Dr. Sell, gave us the following case. Patient five years addicted to morphia, 15 grains per diem. Was treated by avena, 15 to 20 minims three to four times daily, and continued "about a year." The opiate decrease extended through "three months." The renal secretion was not examined for morphia, and the proof of opiate quieting was "husband's word and payment of account." In explanation of the latter, it may be stated that treatment was begun on the principle of "no cure, no pay," and the fact that "the bill has been paid, and the husband says she has no desire for morphia," was the evidence of cure.

Dr. K. the gentlemen named by the makers of avena, reported, in request to our inquiry, as follows: Mrs.—, æt. 60, two years addiction; morphia by mouth, and on ulcer; amount "not less than two grains a day." Was treated by "avena in 10-drop doses in hot water three times daily, and 15 drops at night in cold water." It was continued "three months nearly." As to other remedies, "some potass. brom. early in connection with the case," and "she got about a pint of whiskey." As a result of the avenal medication, "she complained so of her bones aching that I suspected syphilitic complication, and gave potass. iodid., and she complained of sore throat, and I withheld that and gave the avena and constitutional remedies,—as quinine, iron, etc." Having this therapeu-

tical insight of the case, let us note progress. (Italics ours.) The opiate quitting was abrupt. "After the morphia was withdrawn, I was obliged to call and see her sometimes five and six times a day. She would be *perfectly frantic*, and at times I almost relented, and thought of returning to the morphia. She complained so of her bones aching, etc. Only once when she was *raving* did I give her a dose of morphia. For several days after taking away the morphia she did not sleep until near four or five o'clock in the morning, and then *from exhaustion, from crying and beating and pounding her arms and legs!*"

Dr. L. reported two cases treated by avena—females, æt. 39 and 65. In reply to our request for details he wrote that in the first case the nervous disturbance following the withdrawal was "*very marked the first ten days*," sleeplessness "for the first two weeks," and diarrhœa persisting "for three weeks." In the second patient, the reflex irritation continued "for two weeks," the insomnia "the first two weeks," and the "diarrhœa for three or four weeks." In each instance, the morphia was gradually withdrawn, and yet, despite avena, there were "very marked" nervous irritation, insomnia, and diarrhœa persisting from ten days to four weeks.

Dr. M., dentist reported his own case as follows: Ten months addiction reaching a maximum of 18 grains daily by mouth. "Stopped at once; commenced taking avena in 40-drop doses, and for the first ten days took six or seven doses a day. At the end of a fortnight, "eat heartily; slept last night at least four or five hours." "Feel sanguine am not going back to morphia."

Now as to the truth and consequent value of the above record, we submit testimony from two reputable medical men, who were cognizant of the case, and courteously gave us the following details. Dr. — wrote, "I think

I saw him for a period of two or three weeks, almost daily, but after the period mentioned he ceased to visit my office, and I learned, indirectly, that he had returned to his old habit. He became a frequent visitor of——, in our village, and I have reason to believe procured morphia, and on the twenty-fifth of February, 1883, was found in the office of——in an unconscious condition, and soon died, doubtless from over-narcotism." At "an inquest on his body, February 26th, it appeared from the evidence offered, that for several days he had been drinking hard, and had taken enormous doses of potass. brom., chloral, and *morphia*."

Dr.——wrote: "Some time between December 20th and 25th, 1882"—this, be it noted, was when, as asserted, the morphia had been abandoned—"he came to my office. Said he had been kept awake all night with neuralgia in his shoulder, and wanted a hypodermic of morphia. From his general appearance I became suspicious that he had used opium, but gave him the hypodermic. Next morning he returned and wished another. This I insisted on inserting, and found both of his arms, from shoulder to very near the wrist, were completely pitted with punctures, *some of them fresh*, also marks of former numerous abscesses. I refused to give him any more morphia. His condition was about the same from his first coming to my office, till within say a week of his death. On February 24th the day prior to his death he came to my office in an awful condition. Said 'he had lived for a week on *morphia*, chloral, and brom. potass., and that the narcotics had no influence on him now.' I took from him a bottle, one-eighth ounce, quarter full of morphia, and about one half-ounce of chloral. Said 'he had been taking morphia for years.' " The next morning he again applied for an opiate, was refused; went to another physician's office, and in a few hours was dead.

So much for the history of this case, to which we have referred somewhat at length, simply to show its *absolute worthlessness*, as regards the fact of cure and value of *avena*.

From a number of correspondents—medical men—who had used *sativa* in hope of effecting release from opium, to which, unfortunately, they had become addicted, the following testimony was elicited :

Dr. N. : “ I could not see as it had very much effect in my own case, although I took it quite a long time. As an antidote to the opium habit, I think it is of little account.

Dr. P. : “ in the few instances in which I have tried it, the effect has been *disappointing*; the result being either *nil*, or *decidedly unfavorable*. As a specific for the ‘ opium habit ’ I don’t believe it will ever win any great or lasting triumph.”

Dr. R. : “ I had a quantity of *avena* made by Dr. Keith, I think, understanding his was the best, and upon taking it I could not see that it had a particle of effect of any sort—good, bad or indifferent—no more than so much water.”

Dr. S. : Had used *avena sativa* in his own case, increasing the dose to *one ounce*, and might as well have taken so much water.”

Dr. T. reported the case of a relative who “ took two and a half pounds of it, but could not get below one grain daily, and miss two or three days morphia; but took one ounce doses five or six times a day then.”

We have here the record of twenty-four cases of opium addiction treated by *avena*. Nineteen of them were advanced by Dr. Sell, or Keith & Co., to prove its value. Let us examine these somewhat in detail.

CASE I.—An admitted failure.

CASE II.—Cure disputed by a reputable medical man.

CASE III.—Not a success, and even the partial result mainly due to coca.

CASE. IV.—Indisputable evidence of being one treated by abrupt withdrawal, followed by the “extreme distress” sequelæ of that method, unmodified by sativa. How ridiculous to vaunt the virtue of sativa on such proof as this !

Then follows the record of eight cases, *every one of which was a failure*. And yet Dr. Sell, Keith & Co., “rush into print” with the claim that they attest the value of avena ! What a farce ! We are not largely gifted in legal lore, yet we hazard little in thinking that were a claimant to present himself in chambers with such evidence as this, he would be speedily nonsuited—thrown out of court on the *cross-examination of his own witnesses*.

CASE XIII.—We venture to assert this a *gross deception*, and to any one familiar with the history of an *honest* opiate quitter, this assertion will at once commend itself. We do not impugn the veracity of Dr. G—he may have had full faith in his patient—but there was duplicity somewhere, and in this connection we are reminded of a case cited by a physician in the Med. and Surg. Reporter, February 3, 1883, in which a young man addicted to morphia, two or three drachms per week, for more than two years, “stopped it at once, without any inconvenience, or the ill effects so usually experienced from its use. Had no effect on him preceivable. Says he feels as well as ever he did in his life, and has from the day he stopped.

Feeling convinced that the fellow was lying, we wrote Dr. —, expressing our entire disbelief in his patient’s story, and asked for details. No reply was given. Later, however, came the sequel to this Munchausen tale. A medical gentleman addicted to morphia who had recover-

ed under our care, wrote to Dr. —, expressing an opinion similar to ours, and received in answer, "Undoubtedly you are correct. I was never more deceived in humanity than I was in this case. I could have taken the young man's word as far as most men's oaths, but he deceived me, for I have taken pains to learn since that he is procuring the drug from another source."

CASE XIV.—This case is somewhat striking, and, as tending to prove the value of *avena*, worthless. The number and variety of remedies given have, doubtless, been noted, and we fail to see how it is possible to select *sativa* from the half-score or more of other drugs, as *the* one entitled to credit. Besides, the history of "a desperate fight," "several attacks of diarrhoea," the need for repeated doses of opium, for "carbonate of ammonia and brandy," are all proofs of marked nervous irritation and exhaustion, for the relief of which *sativa* seemingly was nearly or quite inert. We do not question recovery, but we dissent *in toto* from the opinion that it was brought about alone by *avena*.

CASE XV.—The fact of cure is not disputed. If, however, it be remembered that the decreasing process continued "three months," and that the *avena* was given "about a year," it will at once be apparent that the element of *time*—*the vis med. naturæ*—was a potent factor, probably, in view of the little effect from oats in other cases, the *most* so in bringing about a good result.

CASE XVI.—We invite renewed attention to this history. Closing his case, Dr. K., asserted, "It was an aggravated case of opium habit cured by *avena*." To both these conclusions we must demur. Two years morphia-taking, two grains daily, by mouth, or on ulcer, scarcely makes an "aggravated case." Nor was it cured by *sativa*. In his published report, Dr. K.'s statement is, "shut off the morphia, and ordered the con. tinct. *avena sativa*."

After three week's use of same she sleeps well." Very good, but what about those "three weeks?" What the patient's condition during that time? In this report, which with others has been given such wide currency by the makers of avena, one is left to infer that, with no other treatment, this patient went satisfactorily on to recovery. Now we respectfully submit, that, in view of the facts we have presented, this statement is *grossly misleading*, not wittingly, doubtless, but nevertheless *misleading*, for really during those twenty-one days she was bearing the torture of abrupt withdrawal. Setting aside all reference to "brom. potass., whiskey, and constitutional remedies, such as iron, quinine, etc.," that were used, the history of this case, on the medical attendant's own evidence, proves conclusively that it was one of *enforced abstention*, entire and abrupt, not controlled by avena, since it was followed by symptoms which the sativa, were it so effective, would have lessened or prevented. Clearly it did *not*, else the gentleman would have been spared the recital of his patient's suffering. The Doctor's trustful confidence in avena, while day after day, through week after week, the poor woman struggled on, actually insane from her agony—"raving," "frantic," "exhausted from crying and beating and pounding her arms and legs"—is quite touching, but it must have been a trying time for the said patient.

CASES XVII. and XVIII. have already been commented on.

CASE XIX.—No comment on this case is needed, other than to call attention to the utter untrustworthiness of the self-asserted history, and the positive proof that the opiate was *not* abandoned.

CASES XX., XXI., XXII., XXIII., XXIV.—The testimony of these medical gentlemen is positive and direct. No other comment is called for.

To recapitulate: Of these twenty-four cases fifteen were admitted failures.

(One), CASE XIX.—Patient did not recover.

(One), CASE II.—Recovery was disputed.

(One), CASE XIII.—Is quite beyond credence.

(One), CASE XV.—Time and *vis med. naturæ* probably the factors in cure.

(One), CASE XIV.—Ten or more remedies being used, it is absurd to elect *avena*.

(Two), CASES XVII. and XVIII:--Gradual withdrawal, despite which and *sativa*, marked nervous disturbance from ten to forty days.

(Two), CASES IV. and XVI.—Abrupt withdrawal, with intense reflex irritation, unaverted by *avena*.

In connection with the last four cases, an extract from another pamphlet lately gotten out by Keith & Co., in which they still laud *avena*, is of interest. Speaking of removing an habitual opiate under the use of *sativa*, they say, "That the above can be done *without much derangement is impossible!*" Quite true, as the record of these four cases well attest.

In only six of the twenty-four cases cited will we admit a cure; and in those six we assert—and of this assertion we invite any honest criticism—that *avena* was not the main factor in success.

It is now nearly thirteen years since our first case of opium addiction. In the interim our professional attention has been largely, and, of late years, exclusively devoted to its treatment. Such being the case, it has been our aim to avail ourself of any and every aid tending to advance its therapeutics. In this effort *avena* has not been omitted, and our experience with it can be tersely stated. *We have given it again and again, in doses large and small, in water hot and cold, at intervals short and long; have prescribed it day after day;*

have known it taken, and the symptoms of opium abstinence steadily increase, until it was cruel to insist on further taking; have given the dose advised, and, doubling every half hour, increased it to one ounce, and have always found it worthless—absolutely good for nothing.

Let it be distinctly understood that what we have written is germane only to the use of avena in opium addiction. Its value in other disorders does not here concern us, nor is it disputed.

In the pamphlet last mentioned, it is asserted: "As an antidote for the opium and morphia habit, it has been proven without an equal; for, by its action, the physician has been enabled *to furnish such stimulation and tonic effect* to the nervous system of the opium-taker as was necessary."

The truth of both these statements we *emphatically deny*, and in support of our denial offer the evidence we have recorded.

As a stroke of business strategy, the enterprise of its venders, in so widely and persistently vaunting its virtue, may entitle them to credit, but, as tending to advance the interest of scientific medicine and the well-being of those so in need of true relief, it seems to us open to scathing criticism.

In view of what we have written, is it not time to prick this bubble, and are we not warranted in asserting it—albeit the language seem somewhat intemperate—"A *therapeutical fraud, a delusion, and a snare?*"

314 State Street.

